

APPLICATION INFORMATION

Application number:: [CBB1]
 Filing Date:: 08/15/01
 Application Type:: Regular,
 Suggested Classification:: [CBB2]
 Suggested Group Art Unit::
 CD-ROM or CD-R?:: None
 Number of CR disks::
 Number of copies of CDs::
 Sequence submission?:: Paper
 Computer Readable Form (CRF)?:: No
 Number of copies of CRF::
 Title:: INTEGRAL WATERPROOFING MEMBRANE

Attorney Docket Number:: 15309-1US CC/MG
 Request for Early Publication?:: No
 Request for Non-Publication?:: No
 Suggested Drawing Figure:: 1
 Total Drawing Sheets:: 2
 Small Entity?:: Yes
 Latin name:: [CBB3]
 Variety denomination name::
 Petition included?:: No
 Petition Type::
 Secrecy Order in Parent Appl.?:: No

INVENTOR INFORMATION

Inventor Authority Type:: Inventor[CBB4]
 Primary Citizenship Country:: Canada[CBB5]
 Status:: Full capacity[CBB6]
 Given name:: Denis
 Middle name::
 Family name:: Faucher
 Name Suffix::
 City of Residence:: Château-Richer, QUE[CBB7]
 State or Province of Residence:: Quebec
 Country of Residence:: Canada
 Street:: 3, chemin St-Achille
 City:: Château-Richer
 State or Province:: Quebec[CBB8]

Country:: Canada[CBB9]
Postal or Zip Code:: G0A 1N0

Inventor Authority Type:: [CBB10]
Primary Citizenship Country:: [CBB11]
Status:: [CBB12]
Given name::
Middle name::
Family name::
Name Suffix::
City of Residence:: [CBB13]
State or Province of Residence::
Country of Residence::
Street::

City::
State or Province:: [CBB14]
Country:: [CBB15]
Postal or Zip Code::

Inventor Authority Type:: [CBB16]
Primary Citizenship Country:: [CBB17]
Status:: [CBB18]
Given name::
Middle name::
Family name::
Name Suffix::
City of Residence:: [CBB19]
State or Province of Residence::
Country of Residence::
Street::

City::
State or Province:: [CBB20]
Country:: [CBB21]
Postal or Zip Code::

Inventor Authority Type:: [CBB22]
Primary Citizenship Country:: [CBB23]
Status:: [CBB24]
Given name::
Middle name::
Family name::

Name Suffix::
City of Residence:: [CBB25]
State or Province of Residence::
Country of Residence::
Street::

City::
State or Province:: [CBB26]
Country:: [CBB27]
Postal or Zip Code::

Inventor Authority Type:: [CBB28]
Primary Citizenship Country:: [CBB29]
Status:: [CBB30]

Given name::
Middle name::
Family name::
Name Suffix::
City of Residence:: [CBB31]
State or Province of Residence::
Country of Residence::
Street::

City::
State or Province:: [CBB32]
Country:: [CBB33]
Postal or Zip Code::

Inventor Authority Type:: [CBB34]
Primary Citizenship Country:: [CBB35]
Status:: [CBB36]

Given name::
Middle name::
Family name::
Name Suffix::
City of Residence:: [CBB37]
State or Province of Residence::
Country of Residence::
Street::

City::
State or Province:: [CBB38]
Country:: [CBB39]

Postal or Zip Code::**Inventor Authority Type::** [CBB40]**Primary Citizenship Country::** [CBB41]**Status::** [CBB42]**Given name::****Middle name::****Family name::****Name Suffix::****City of Residence::** [CBB43]**State or Province of Residence::****Country of Residence::****Street::****City::****State or Province::** [CBB44]**Country::** [CBB45]**Postal or Zip Code::****Inventor Authority Type::** [CBB46]**Primary Citizenship Country::** [CBB47]**Status::** [CBB48]**Given name::****Middle name::****Family name::****Name Suffix::****City of Residence::** [CBB49]**State or Province of Residence::****Country of Residence::****Street::****City::****State or Province::** [CBB50]**Country::** [CBB51]**Postal or Zip Code::****CORRESPONDENCE INFORMATION****Correspondence Customer Number::** 020988**Phone number::** (514) 845-7126**Fax::** (514) 288-8389**E-Mail Address::** swapat@swabey.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
[CBB52]	[CBB53]	[CBB54]	MM/DD/YY
[CBB55]	[CBB56]	[CBB57]	MM/DD/YY
[CBB58]	[CBB59]	[CBB60]	MM/DD/YY
[CBB61]	[CBB62]	[CBB63]	MM/DD/YY

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::
		MM/DD/YY

ASSIGNEE INFORMATION

Assignee name::	Denis Faucher Conseils inc.
Street::	3, chemin St-Achilée
City::	Château-Richer
State or Province::	Quebec
Country::	Canada
Postal or Zip Code::	G0A 1N0